

Immunications

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control Services
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, Arizona 85007-3233
(602) 364-3630
www.azdhs.gov/phs/immun/index.htm

MANAGING EDITOR:
Esther Jimenez

EDITORS:
Kathy Fredrickson / Chris Lyons

CONTRIBUTORS:
Cherry Boardman; Daniel Bronson-Lowe, PhD;
Kathy Fredrickson; Karen Lewis, MD; and Jennifer Ralston-King

If you need this publication in an alternative format, contact the Arizona Immunization Program Office at (602) 364-3630 or 1-800-376-8939 (State TDD/TYY Relay)

Immunications was supported by Grant Number H23/CCH922545 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

PRSRT STD
US POSTAGE
PAID
PHOENIX, AZ
PERMIT NO. 957



Immunications

A Publication of the Arizona Immunization Program Office

BABY SHOTS
A HEALTHY DOSE OF LOVE

WINTER 2007

IN THIS ISSUE

- 2 Health Care Workers Should All Get Influenza Shots
- 3 National Immunization Survey
- 4 Updates from the Arizona Immunization Program Vaccine Center
- 5 Save the Date
Important Changes in 2008 Immunization Assessments of VFC Providers
- 6 "VOMS" - coming soon to Arizona VFC providers...
- 7 Duplicate Patients in the ASIIS Registry
Summary of Reportable Vaccine-Preventable Diseases

INSERTS

- A Standards Adult / Child & Adolescent
- B VAERS info / It's Federal Law
- C Vaccine availability and CPT Codes
- D VIS live flu
- E 12th Annual Big Shots — Arizona Award Nomination form
- F Recommended Adult Immunizations Schedule

It is Not Too Late to Give and Get an Influenza Vaccination

By Kathy Fredrickson, MS, MPH, Immunization Office Chief

This year, influenza vaccine supply is sufficient and some providers in Arizona still have vaccine available. Influenza vaccine can be given before or during the flu season. The best time to get vaccinated is October or November; but you can get vaccinated in December, January, and February.

Arizona's influenza season has traditionally peaked in late February and March (5 year average). Once vaccinated, it will take 2-4 weeks to provide an individual with full protection. (See chart below)

Dr. Julie L. Gerberding, the Director of the Centers for Disease Control and Prevention (CDC) said, "We know that vaccination is the best way to protect yourself and your family from influenza, and that late season vaccination is effective."

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, it is recommended by ACIP that certain people should get vaccinated each year. They are either people who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications. During flu seasons when vaccine supplies are limited or delayed, ACIP makes recommendations regarding priority groups for vaccination.

Who should get vaccinated each year?

1. People at high risk for complications from the flu, including:

- All children from 6 months up to 5 years of age,
- Women who will be pregnant during the flu season,
- Adults 50 years of age and older,
- Individuals of any age with certain chronic medical conditions, and
- Residents of nursing homes and other long term care facilities.

2. People who live with or care for those at high risk for complication from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above), and
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated).

3. All Healthcare workers.

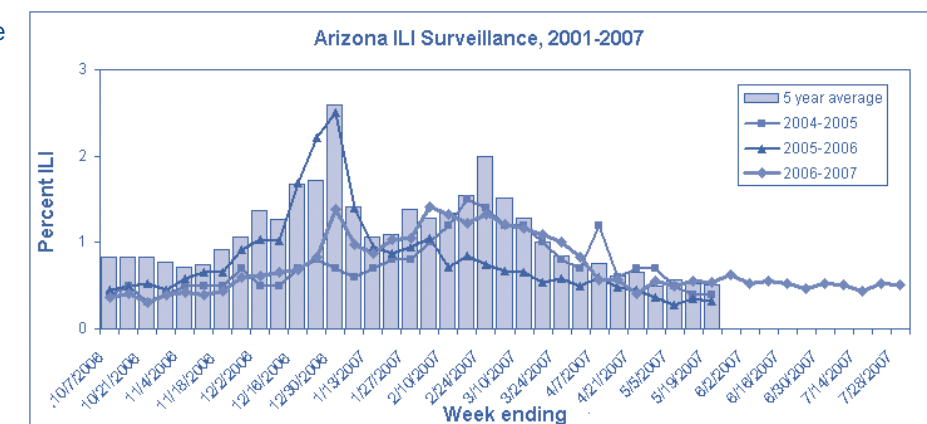
There is an influenza vaccine that is given as a nasal spray. It is approved for use in healthy persons who are not pregnant and who are 2-49 years old.

Persons in the above priority groups are encouraged to search locally for vaccine if their regular health care provider does not have vaccine available. For Arizona residents, Community Information & Referral offers information about places to obtain influenza vaccine at www.fluaz.org, or by calling 602-263-8856, or 800-352-3792 (within area codes 520 & 928). Children under nine years of age require two doses of vaccine if they have not previously been vaccinated.

For up to date information on the flu season and the full ACIP recommendations, see

<http://www.cdc.gov/flu/>. For Arizona flu surveillance data, see

<http://www.azdhs.gov/phs/oids/epi/flu/index.htm>.



In This Issue

- It is Not Too Late to Give and Get an Influenza Vaccination
- Health Care Workers Should All Get Influenza Shots
- Resources
- National Immunization Survey Results
- Updates from AZ Immunization Program Vaccine Center
- Important Changes in 2008 Immunization Assessments of VFC Providers
- Save the Date
- "VOMS" — coming soon to Arizona VFC providers...
- VFC Myth Busters
- Duplicate Patients in the ASIIS Registry
- Summary of Reportable Vaccine-Preventable Diseases
- In the News

Inserts

- A Standards Adult / Child & Adolescent
- B VAERS info / It's Federal Law
- C Vaccine availability and CPT Codes
- D VIS live flu
- E 12th Annual Big Shots — Arizona Award Nomination form
- F Recommended Adult Immunization Schedule



Health Care Workers Should All Get Influenza Shots

By Karen Lewis MD, Medical Director, Bureau of Epidemiology and Disease Control, ADHS

Influenza epidemics come every winter, overloading physicians' offices and clogging emergency departments. Health care workers (HCWs) are at risk for getting influenza. When HCWs get influenza, they spread influenza to patients, they infect coworkers, and they are too sick to go to work. Therefore, to protect patients, coworkers, family members, and the HCWs themselves, **all HCWs should be immunized yearly against influenza.**

The good news is that HCWs are getting influenza vaccine much more than in past years. During the 1986-1987 influenza season, only 3.2% of HCWs received influenza vaccine [Weingarten et al. Am J Infect Control, Aug. 1989]. In 2003, the number had increased to 40.1% [MMWR March 4, 2005].

The bad news is that only 40.1% of HCWs receive influenza vaccine. **This means that about 60% of HCWs are still putting patients, coworkers, family members, and themselves at risk for influenza.**

Influenza vaccination is a very powerful tool for protecting the health of HCWs and patients during the winter.

- People who receive influenza vaccine have 43% less sick leave due to upper respiratory infections (URIs), 36% fewer days of sick leave for all illnesses, 44% fewer visits to physicians for URIs, 25% fewer URI illnesses, and 20% fewer days of URIs [Nichol et al. NEJM Oct. 5, 1995]
- HCWs are more likely to immunize their patients if they themselves have received influenza vaccine [Heinenger et al. PIDJ Nov 1993]
- HCWs serve as vectors of influenza to their patients. Long term care centers that have higher HCW influenza vaccination rates have significantly fewer deaths, fewer influenza-like illnesses (ILIs), fewer physician consults for ILIs, and fewer hospital admissions for ILIs [Hayward et al. BMJ. December 1, 2006]

One barrier to HCWs getting influenza vaccine is a lack of understanding about the disease and the vaccine. Even HCWs do not always understand that the influenza shot can't cause clinical illnesses such as runny nose, sore throat, cough, or "stomach flu." The trivalent inactivated vaccine (TIV) is a killed vaccine, so the virus cannot replicate in the body and cannot cause respiratory or gastrointestinal illnesses.

One study showed that when nurses have correct information about influenza, they are more likely to get themselves immunized [Martinello et al. Infect Control Hosp Epidemiol. Nov. 2003]. However, doctors seem less likely to have their influenza vaccine status influenced by their level of correct knowledge about the vaccine. Doctors' reasons for not getting immunized seem more related to being too busy and finding it inconvenient to get the vaccine [Weingarten et al. Am J Infect Control. Aug. 1989].

Interventions that increase HCW influenza vaccination rates include education, role models, improved access, offering the vaccine for free, and having HCWs sign a form when they decline to get an influenza vaccine [MMWR Feb. 24, 2006].

HCWs can be immunized with either TIV or the new live attenuated influenza vaccine (LAIV). LAIV is approved for healthy people between ages 2-49 years old. LAIV has been approved for all healthy HCWs through age 49 years, except for HCWs caring for patients with severe immunosuppression who require a protective environment such as bone marrow transplants. HCWs who receive LAIV should wait 7 days before working with patients whose immunosuppression is severe enough to require a protective environment [MMWR July 13, 2007].

HCWs are essential public workers during influenza season. Therefore, all HCWs should receive a yearly influenza vaccine.

Information for where to obtain influenza vaccine in the community can be found at www.fluaz.org, 602-263-8856, or 800-352-3792 from the area codes 520 & 928.

Duplicate Patients in the ASIIS Registry

Arizona State Immunization Information System (ASIIS) strives to create and maintain a complete and accurate immunization record for every child in Arizona. In order to achieve this goal, we rely on your diligent efforts to report detailed and current information for each patient immunized in your office. An important data quality issue is avoiding duplicate patients in the Registry.

Often parents take children to multiple immunization providers. In turn, each provider reports the child to ASIIS. For example, if a child visits three immunization providers between birth and 24 months of age, ASIIS receives three separate incoming records for the child. ASIIS must then merge the three incoming records together in order to create one comprehensive record for the child. How is this done?

As children do not have a unique ID number that could be used to match multiple incoming records for the same child, ASIIS relies on demographic information to complete this task. Without complete demographic information, duplicate patients will continue to be found in the Registry. The critical data fields are:

- First name, middle name, and last name
- DOB

- Gender
- Address plus apartment number, if any
- City, state, zip
- Phone number
- Guardian first name and last name
- Mother's maiden name
- AHCCCS ID, if available
- Social security number, if available

When the comprehensive demographic information listed above is reported for each child, ASIIS can successfully combine 94% of all incoming records. In the event that we cannot successfully merge multiple incoming records, you can help! If you identify a patient with multiple records in ASIIS, use the "Report Duplicates" button at the bottom of the patient search results screen to let us know. Simply follow the online prompts.

All of us in the ASIIS Program appreciate your efforts to report children to the Registry with the most accurate and complete information that is available.

SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES January-September, 2007 ^{1,2}

	Jan - Sept 2007	Jan - Sept 2006	Jan - Sept 5 Year Median
Measles	0	0	0
Mumps	3	4	1
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (confirmed)	170 (11)	422 (32)	179 (100)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	4 (1)	2 (1)	2 (1)
Meningococcal infection, invasive	10	14	25
<i>Streptococcus pneumoniae</i> , invasive	718	752	548
Hepatitis A	145	122	208
Hepatitis B, acute	244	290	217
Hepatitis B, non-acute	844	846	830

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected

Resources

New 2008 Adult Immunization Schedule is Available at
<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

The Latest Information on Influenza Activity Locally and Around the Nation at
<http://www.cdc.gov/flu/weekly/fluactivity.htm>

IN THE NEWS...

Early Thimerasol Exposure and Neuropsychological Outcomes...
<http://www.cdc.gov/od/oc/media/pressrel/2007/a070926.htm>

New Estimates Show Adolescent Immunization Rates Below 2010 Goals...
<http://www.cdc.gov/od/oc/media/pressrel/2007/r070830.htm>

ACIP Votes to Expand the Recommendation for FluMist...
<http://www.cdc.gov/od/oc/media/pressrel/2007/r071026.htm>



VOMS

coming soon to Arizona VFC providers...

VOMS is the acronym for “Vaccine Ordering Management System”. It is a computer program that will be accessed through the Arizona State Immunization Information System (ASIS), to allow Vaccines for Children (VFC) providers to order their VFC vaccine, manage vaccine inventory, maintain and produce refrigerator/freezer temperature logs, and produce various reports online. The goal is to replace the current paper ordering and reporting with an efficient electronic paperless system.

The VOMS implementation plan for Arizona will be done gradually with each step building upon the previous one. The first step, which has already been taken, is an update of ASIS with the operating version that accommodates VOMS.

Once both this system is functioning properly, one VFC provider site, Lake Powell Community Health Center, will pilot test VOMS. Pilot testing is anticipated to take place in late 2007. The initial testing will be basic in order to identify and fix glitches. The goal is to have VOMS functioning on a basic level by early 2008.

County health department (CHD) test sites will be added once testing is completed. The Arizona Immunization Program Office (AIPO) will establish a feedback loop with CHD test sites to identify and address issues and problems so they can be quickly corrected and not hinder VOMS progression.

CHD testing will take place throughout early 2008.

No private provider sites will be added until VOMS has been fully tested by the public sites. Private provider sites could begin to be added during the 2nd quarter of 2008 (April-June), but the last half of 2008 is probably more realistic.

Classes for VOMS training will be announced, once the schedule and location are determined.

VOMS is an exciting program and has great potential to streamline and optimize vaccine ordering and management for all Arizona VFC providers - there are currently 840+ VFC provider sites! AIPO will provide VOMS status reports in upcoming editions of *Immunications*, on the Arizona Department of Health Services Immunization Program web site, the AZ AAP and AAFP websites, and other communications media.

The AIPO looks forward to working with all VFC providers in the coming months as we implement VOMS. Please call (602) 364-3630 with any questions.

Vaccines for Children (VFC) Myth Buster

By Cherry Boardman, RN, MSN, Vaccine Center Manager

The Immunization Program staff often hears misunderstandings or myths about vaccines and the VFC program in general. The following are some of the myths that have been circulating and responses to these myths. We encourage anyone that has a question about vaccines, or the VFC program, to call our office at 602-364-3642. We will be happy to provide the answers to your questions.

Myth: Refrigerated vaccines should be stored at cold temperatures.

Fact: Refrigerated vaccine should be stored at temperatures from 35°-46°F or 2°-8°C at all times. These vaccines should never be stored at temperatures at or below 32° F or 0°C. More vaccine is wasted annually because providers store their vaccine at temperatures that are too cold.

Myth: Providers must store VFC vaccine in a separate refrigerator/freezer.

Fact: Provider may store VFC vaccine in the same refrigerator/freezer that they store their privately purchased vaccine. For easier accountability, VFC vaccine should be kept separate in the side refrigerator from the private vaccine.

Myth: Since the implementation of VMBIP, providers can only order vaccine on the month and week that they were assigned to order, even if they have run out of vaccine.

Fact: Providers should never run out of vaccine. Providers are asked to order according to their assigned ordering schedule but if vaccine is needed. Providers should place an order for the vaccine that they need.

Myth: Patients must repeat (restart) any vaccine series if they did not complete the series or complete the series on time.

Fact: Patients do not need to restart a vaccine series if they did not complete the series or complete the series on time, even if it has been years since the patient received a previous dose. If a patient did not complete a series, providers only need to administer the number of vaccinations needed to complete the series.

Myth: Flu vaccine cannot be administered to pregnant women.

Fact: Pregnant women can be vaccinated at any time during the pregnancy with inactivated flu vaccine. Pregnant women should not receive Live Attenuated Influenza Vaccine (LAIV). If you have any myths regarding vaccines or the VFC Program, please let us know by calling 602-364-3642 or by emailing Cherry Boardman at boardmc@azdhs.gov. We will address subsequent myths in following newsletters.



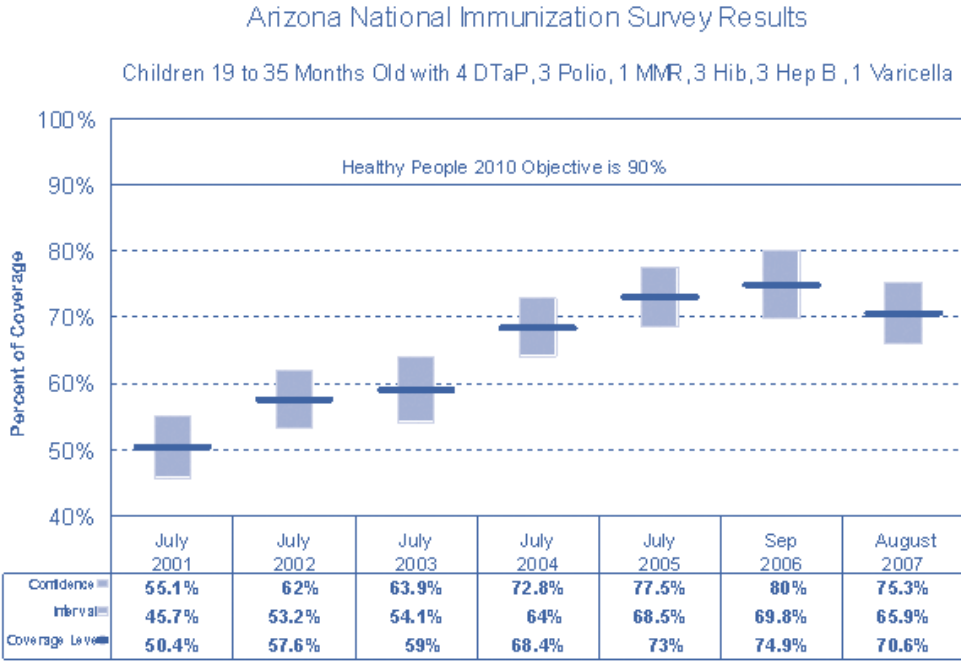
National Immunization Survey Results Released in August 2007

Jennifer Ralston-King, Assessment Coordinator

The Centers for Disease Control and Prevention released data collected during the 2006 National Immunization Survey (NIS) in August. Children included in the survey were born between January 2003 and June 2006. They ranged in age from 19 to 35 months at the time of the survey.

A comparison chart of Arizona's current coverage levels to the United States coverage levels in 2006 and 2007 is shown below. Complete results from the past and current National Immunization Surveys may be found at <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#chart>

The graph to the right illustrates Arizona's progress in reaching the Healthy People 2010 objective of 90% coverage for each of the following vaccines: DTaP #4, Polio #3, MMR #1, Hib #3, Hep B #3 and Varicella #1.



National Immunization Survey

Comparison 2006 to 2007

Shaded Areas = Healthy People 2010 Objective of 90% Has Been Met

	Arizona		United States	
	Sept. '06	August '07	Sept. '06	August '07
Hep B Birth Dose	67.4%	67.7%	47.9%	48.8%
4 DTaP	83%	80%	86%	85%
3 Polio	89%	88%	92%	93%
1 MMR	89%	88%	92%	92%
3 Hib	92%	92%	94%	93%
3 Hep B	91%	88%	93%	93%
4 PCV	51%	67%	54%	68%
3 PCV	82%	88%	83%	87%
1 Varicella	84%	83%	88%	89%
4:3:1	82%	78%	83%	83%
4:3:1:3	81%	78%	82%	82%
4:3:1:3:3	79%	75%	81%	81%
4:3:1:3:3:1	75%	71%	76%	77%

September 2006 NIS data was collected from the first through fourth quarters of 2005 on children born from February 2002 and July 2004. August 2007 NIS data was collected from the first through fourth quarters of 2006 on children born from January 2003 through June 2005.

Updates from the Arizona Immunization Program Vaccine Center

Cherry Boardman, RN, MSN, Vaccine Center Manager

Continued Varicella Vaccine Shipping Delay

Merck has notified CDC of a temporary extension in the scheduled delivery timelines for varicella vaccine. Shipments of varicella vaccine for the next few weeks will be delivered within 30-35 business days, or 6-7 calendar weeks. It is important to note that this delayed shipment timeline is a short term issue, and Merck is doing everything possible to return to normal shipping timelines. Merck expects to return to normal shipping timelines in November, dependent upon market demand and product availability. For additional information, please call 1-877-VAX-MERCK (1-877-829-6372) or see the vaccine supply status update on MerckVaccines.com

A reminder: Only one dose of varicella vaccine is required for school attendance through 12 years of age. Children who receive the first dose of varicella vaccine on or after age 13 need to receive two doses of varicella. Since the school rush is over, you may resume providing the second dose of varicella if you have ample vaccine on hand. However, you might want to wait until November to recall children for the second dose.

Hepatitis A Vaccine

Merck hepatitis A vaccine (Vaqta) will not be available to order until possibly the end of the first quarter 2008. There is ample supply of another hepatitis A vaccine to meet demand.

MMRV (ProQuad) Vaccine

Merck MMRV vaccine is still not available to order. An anticipated availability date has not been released by Merck. Remember to order enough MMR and varicella vaccine to vaccinate your patients in the absence of MMRV.

MCV4 (Menactra) Vaccine

There has been confusion regarding who is eligible to receive MCV4. All VFC eligible children 11 through 18 years of age may receive MCV4.

Influenza Vaccine

1. MedImmune has received FDA approval to vaccinate children between 2-5 years of age with FluMist® vaccine. VFC eligible children 2-5 years of age can not be vaccinated until ACIP has made the recommendation to vaccinate this age group. ACIP will meet October 24th.
2. MedImmune has received FDA approval for a new refrigerated formulation of FluMist® vaccine. They plan to begin shipment of the refrigerated formulation this flu season.
3. You will receive your FluMist vaccine from McKesson with ice packs, not dry ice. Place the FluMist vaccine in the refrigerator.
4. We are receiving flu vaccine in small quantities weekly from the distributor. The vaccine is being shipped as soon as it is received from the manufacturers. The bulk of the vaccine should arrive at the distributor by the end of October. However, we cannot tell you when you will receive your flu vaccine. Please do not schedule flu clinics until you receive flu vaccine.

Diphtheria-Tetanus (DT) Vaccine

DT is available to order through the VFC program on an “as needed” basis. In the past, considerable DT vaccine was wasted due to surpassing its expiration date. Therefore, an order as needed procedure was implemented. Providers can call or fax an order for DT if they have children that require DT immunization. We will ship the DT or deliver it to the provider within a few days.

Changes in Returning Expired/Wasted VFC Vaccines

Beginning October 15, 2007, all expired or wasted VFC vaccines will be returned to McKesson rather than to the Vaccine Center. Your return must receive approval from the Vaccine Center before you can return the vaccines to McKesson. The approval must be marked on your Return/Adjustment form before you can return the vaccine to McKesson.

Steps for returning non-viable vaccines:

- 1) Fax your Return/Adjustment (R&A) form to the Vaccine Center Office at 602-364-3276.
- 2) Your R&A will be reviewed for correct adjustment codes and accurate vaccine information.
- 3) You will receive your R&A back within a week from the Vaccine Center with a stamped approval and the instructions on how to send your vaccines back to McKesson.
- 4) Always keep one container from McKesson to return vaccine.
- 5) McKesson will not accept viable vaccine.

Returning Viable Vaccine:

- 1) Fax your Return/Adjustment (R&A) form to the Vaccine Center Office at 602-364-3276.
- 2) Your R&A will be reviewed and your VFC representative will contact you by phone or fax with the following information:
 - a) How to return viable vaccines to the Vaccine Center,
 - b) Informing you that a courier or the rep will pick up the vaccine, or
 - c) Asking you to keep the vaccine and try to use it before the expiration date.

Note: A three month notice prior to the vaccine expiration date is required to return viable vaccine.

2008 Enrollment Forms

VFC providers must re-enroll in the program annually. Even providers that initially enrolled in 2007 must complete the 2008 enrollment forms. The 2008 VFC re-enrollment forms have been mailed to all providers. The completed forms were due back to the Vaccine Center by November 30, 2007. After January 1, 2008, we cannot ship vaccine to providers that have not re-enrolled.

Important Changes in 2008 Immunization Assessments of VFC Providers

Jennifer Ralston-King, Assessment Coordinator

Beginning January 1, 2008, providers who receive AFIX (Assessment, Feedback, Incentive, and eXchange) sites visits will be assessed with the CoCASA software designed by the Centers for Disease Control and Prevention. CoCASA stands for Comprehensive Clinic Assessment Software Application. It is an upgraded version of CASA, the assessment software used by the Arizona Immunization Program Office to conduct assessments since 1996.

The results of assessments conducted with CoCASA will include only valid doses administered no earlier than recommended by the Advisory Committee on Immunization Practices (ACIP). A 4-day grace period is allowed. Invalid doses will not be counted and children who received them will appear on a list of children who are missing immunizations. The most

current and comprehensive ACIP recommendations may be found at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Another important change in the 2008 AFIX process will be a request for a brief meeting with a provider, lead nurse or office manager at the conclusion of the AFIX visit. During the meeting, the AFIX specialist will explain the results of the visit, provide copies of CoCASA reports, and ask that the provider, nurse or manager sign a form indicating that they have received the assessment results and recommendations.

Providers who have questions about the new assessment process or results may contact Jennifer Ralston-King, Assessment Coordinator, at ralstoj@azdhs.gov or 602-364-3632.

Changes to AFIX in 2008		
	2007 AFIX	2008 AFIX
Assessment Tool	CASA	CoCASA
Age Group	24 - 35 month olds	24 - 35 month olds
Age Marker	24 months of age	24 months of age
3 PCV Vaccines Doses Included in Assessment Results	All doses given by 24 months of age	Doses given by 24 months of age and administered no earlier than the ACIP recommended minimum age/interval
Vaccine Doses Not Included in Assessment Results	Vaccine doses administered after 24 months of age	Vaccine doses administered after 24 months of age and doses given more than 4 days before the ACIP recommended minimum age/interval
Combination Vaccine Series Assessed	4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B 4:3:1:3:3	4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella 4:3:1:3:3:1

Save the Date



15th Annual Arizona Immunization Conference

April 22 and 23, 2008 – A two-day conference held on Tuesday and Wednesday

Black Canyon Conference Center

9440 N. 25th Avenue, Phoenix, AZ 85021

See www.azdhs.gov/phs/immun/index.htm for updates!

TAPI 12th Annual Award and Recognition Banquet

April 23, 2008

Call 602-288-7567 for information